

## Appendix H1: Paediatric Respiratory Action Plan (Tracheostomy LTV)

The purpose of this document is to provide a consistent format for clinicians to adapt as required when providing individualised guidance for families and carers around managing respiratory deterioration in the community setting in CYP with Tracheostomy LTV.

This is a working document. Please make sure you are using the latest version by checking the version number and date updated below. The latest version of the document is available here <https://www.wellchild.org.uk/10-principles-for-complex-discharge/>

Name		NHS Number	
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### Guidance Notes

*This action plan uses a traffic light format. The Green section describes the baseline observations on a “well” day, alongside are interventions/ support provided. The Orange section describes what may be seen with respiratory deteriorations, and the recommended actions to be taken. The Red section describes what may be seen in an emergency along with actions to be taken. Note: your child may present with observations at any of the colour described, and the actions alongside need to be carried out.*


**NB. Please seek review at any stage if you have concerns**

**For further guidance on how to complete this form please see [here >>](#)**

Version	1
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*Document developed by Pan London LTV Collaborative in partnership with WellChild.*

Respiratory Status (what carers may observe)		Action (what carers should do depending on level of urgency)	
Appearance/behaviour			Activity
Airway/Ventilation			Airway/Ventilation
Secretions			Airway Clearance
Cough			
Appearance/behaviour			Activity
Airway/Ventilation			Airway/Ventilation
Secretions			Airway Clearance
Cough			
Action: Contact			
Appearance/behaviour			Activity
Airway/Ventilation			Airway/Ventilation
Secretions			Airway Clearance
Cough			
Action			

Original plan written by:

Date:

Checked by Respiratory Consultant:

Date:

Reason for ventilation:

**Hospital Emergency Plan**

**In addition to the guidance provided within the home action plan overleaf:**

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Team contact details:



Original plan written by:

Date:

Checked by Respiratory Consultant:

Date: